



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

BOB ODOM, COMMISSIONER

OFFICE OF ANIMAL HEALTH SERVICES

PO Box 1951, BATON ROUGE, LA 70821-1951

225-925-3980 OR 888-773-6489 FAX: 225-237-5555 PremisesID@ldaf.state.la.us

Premises Registration CHEAT SHEET

Thank you very much for your assistance in registering livestock Premises within the state of Louisiana. We realize that not everyone knows the terms and not everyone understands the process, so we have created this CHEAT SHEET to help you when filling out the Premises Registration forms. Please follow the red comments for helpful hints and suggestions.

Business/Farm Account Information:

Business/Farm Name: Farm name (Valley Angus Farm) or a person's name (John A Smith)

Primary Contact: There must be a name here. There doesn't have to be a middle initial.
First name Middle name Last name

Secondary Contact*: Most often this is a spouse or farm manager.
(optional) First name Middle name Last name*

Business/Farm mailing Address: This address doesn't have to be the Premises Address, it can even be an out of state address.

City: State: Zip: - County:

Phone number: - - ext: (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

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Business Type*: ☐ Individual ☐ Partnership ☐ Incorporated ☐ Limited Liability Corporation
(check one) Choose the business type structure that applies to this account.*

Operation Type*: ☐ Producer Unit/Farm ☐ Clinic ☐ Exhibition ☐ Laboratory ☐ Market/collection point
(check all) ☐ Non-producer Participant ☐ Port of Entry ☐ Quarantine Facility ☐ Rendering*
☐ Slaughter plant ☐ Tagging site
Select all the different types of operations this account is involved in (can be for multiple premises).
Generally it is Producer unit/farm

Business Account Login information:

User Name: Case sensitive - minimum of 8 and maximum of 12 letters (minimum of 8 characters)

Password: Case sensitive - minimum of 8 and maximum of 12 letters (minimum of 8 characters)

E-mail address*: This is used for confirmation. If an email address is not provided a letter will be mailed.
*(*for confirmation purposes only)*

(Contact information will not be sold or given out by National Animal Identification System (NAIS) without your prior written consent)

- COMPLETE PREMISES INFORMATION ON BACK PAGE

Producer/Contact Signature*:

The purpose of the signature is to know this form was filled out with their consent. If done by phone write "permission by phone."

Premises Information:

(Primary location where livestock resides, if more than one location and animals are managed separately, apply for multiple premises ID's)

Premises name/description: _____ (example "home place", "heifer place")

Premises Address: Check if same as business account address ☐

If it is the same check the box so you don't have to fill in the address again.

OR (if not the same as business address)

Premises Address: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Premises Type*: ☐ Producer Unit/Farm ☐ Clinic ☐ Exhibition ☐ Laboratory ☐ Market/collection point
(* check *all*) ☐ Non-producer Participant ☐ Port of Entry ☐ Quarantine Facility ☐ Rendering
☐ Slaughter plant ☐ Tagging site

Select what type applies best to this Premises. Generally speaking it is a Producer Unit/Farm

Species at Premises*: ☐ Cattle and Bison ☐ Swine ☐ Sheep ☐ Goats ☐ Horses ☐ Poultry
(* check *all*) ☐ Deer and Elk ☐ Camelids ☐ Emu

Legal Land Description*: _____
(* required if no address) Township Range Section

GEO Coordinates*: Latitude: _____ Longitude: - _____
(* Optional)

Additional Secondary Premises Information (optional):

Helpful hint – two separate locations managed differently means two separate premises. If the second farm is a few miles away and the producer moves animals from place to place regularly or it is pasture land the animals move to and from, it is recommended to be considered one premise.

Fill out the rest just like you did above.

Return forms to: Louisiana Department of Agriculture & Forestry, Office of Animal Health Services, Premises Registration,
PO Box 1951, Baton Rouge, LA 70821-1951

For questions, contact our Premises Support Line during office hours: Phone: 888-773-6489, 225-925-3980

You may also fax us the form at: 225-237-5555

Email us at: PremisesID@daf.state.la.us

If you have more than two premises (animal locations), please print additional sheets.



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Thank you for your assistance in registering Premises. LDAF encourages you to tell your family, friends, neighbors and livestock network about Premises Registration. We need all the help we can get to spread the word. Without a data base of locations where livestock are produced, raised and held, our industry will continue to be unprepared in the event of an emergency. Each premises registration brings us closer to the day when Louisiana's livestock industry will be prepared to respond within 48 hours to a disease outbreak or diseased animal identification.

If you have any questions please contact the LDAF Office of Animal Health Services:

Dr. Martha Littlefield, DVM, MS
Premises Administrator
225-925-3980
malc@ldaf.state.la.us

Brandon Thigpen
Assistant Premises Registrar
225-925-3980
bthigpen@ldaf.state.la.us

Visit our web site at:
www.ldaf.state.la.us

Other information about the National Animal Identification System can be found at:
<http://animalid.aphis.usda.gov/nais/index.shtml>

Thank you!

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